

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1058

96

1. PLACE OF DEATH

County Jackson
Township Frank
City Kansas City (No. 12.C. General Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. 1058
Registered No. 96
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4423 Wyoming (Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Margaret Byrne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-8-1903

7. AGE YEARS 28 MONTHS 1 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shellis Lab.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Mo

13. NAME Henry G. Pomy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy

15. MAIDEN NAME Lena Hummer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy

17. INFORMANT (ADDRESS) Mrs H G Pomy

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Jan 13

19. UNDERTAKER (ADDRESS) John A. Wilson

20. FILED Jan 11 1932 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1932, to 1-11, 1932

I last saw him alive on 1-11, 1932 Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Diphtheria
10
10

Other contributory causes of importance:

Name of operation D Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) A E Willson, M. D.

(Address) Supr 12.C Gen Hosp

1-11-32

CAUSE OF DEATH IN PLAIN TERMS, so that it may be properly understood. Exact statement of cause of death.

